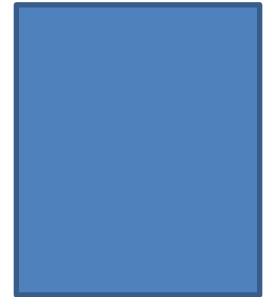




Oro-Craniomaxillofacial Research & Surgical (OCReS) Group, Dental Research Management Centre, Level 6, Postgraduate and Research Tower, Faculty of Dentistry, University of Malaya
Tel : +603-79676454; Mobile : 012 337 5120; email : firdaushariri@um.edu.my

APPLICATION FORM FOR FELLOWSHIP IN ADVANCED CRANIOMAXILLOFACIAL SURGERY (FACS)



Full Name:
(in BLOCK LETTERS as appear on your Identity Card)

Identity Card No.:..... Organization:.....

Address (For Course Notification):

Date of Birth :

Postcode:.....Town/state:.....Tel. No (Off):.....(H/P):.....

Fax. No.:.....Email:.....

Degree or qualifications with dates and name of awarding authority
(Please enclose a copy of **your degree and MDC or MMC practicing certificate**):

Degree	Year	Institution

Working Experience:

Post	Year	Organization

I would like to register for the (Please tick):

Programme	Fee	Date	(v)
Fellowship in Advanced Craniomaxillofacial Surgery (FACS) – 9 Months	RM 30,000.00		
Fellowship in Advanced Craniomaxillofacial Surgery (FACS) – 12 Months	RM 40,000.00		
Fellowship in Advanced Craniomaxillofacial Surgery (FACS) – 18 Months	RM 60,000.00		

METHOD OF PAYMENT

Payment can be by **Cash/Cheque/Bank draft** made payable to '**Bendahari Universiti Malaya**'

Cheque/Bank draft (Made payable to "BENDAHARI UNIVERSITI MALAYA")

Cheque No:

Cash Amount RM:

or pay via online platform

1. Go to UM Epay → <https://epay.um.edu.my/epay/home>
2. Click at Category -> List of Payment -> Participation Fee -> Faculty of Dental -> **Kursus Persijilan Klinikal FACS**
3. Log in and make payment
4. Send us the proof of payment to rmc_dental@um.edu.my

CANCELLATION POLICY

The fee for the course are non-refundable except if supported by a good reason. All requests for cancellation are to be made in writing to the course coordinator (Assoc. Prof. Dr. Firdaus Hariri, firdaushariri@um.edu.my), one month before the commencement of the course.

All candidates entering for the course must support their application with the following declaration:

I hereby apply to be admitted to the FACS program commencing on:

I have read and understood the course regulations and understand the eligibility criterion. I now confirm that to the best of my knowledge all the information on this form is true.

Signature of candidate: Date:

FACS APPLICATION FORM CHECKLIST:

Is your application complete? Please make sure that you have included the following (please tick):

1	MDC/MMC/NSR number, plus the original or certified copies of your dental/medical degree and practicing registration document	
2	Completed payment form with cheque details	
3	Permanent correct address and telephone number	
4	Signed and dated declarations	
5	Passport photograph	

Please return your completed form to: Fellowship in Advanced Craniomaxillofacial Surgery (FACS) Oro-Craniomaxillofacial Research & Surgical (OCReS) Group, Dental Research Management Centre, Level 6, Postgraduate and Research Tower, Faculty of Dentistry, University of Malaya 50603 Kuala Lumpur Tel : +603-79676454 Email: firdaushariri@um.edu.my	For Office Use Only	
	Fee	
	No. Cheque	
	Bank	
	Date	